

# Permission Slip

I/We, the parents(s) or guardian(s) of \_\_\_\_\_  
do hereby give my/our permission for him/her to attend the scheduled youth event  
\_\_\_\_\_ on \_\_\_\_\_  
*event and location* *date of event*

**signature:** \_\_\_\_\_ **date:** \_\_\_\_\_  
*I understand that my child is solely responsible for the items he/she brings to the event.*

## Medical Release

I/We, the parent(s) or guardian(s) of \_\_\_\_\_  
do hereby authorize Calvary Chapel of L.E. as agents for the undersigned to consent to any x-ray  
exam, anaesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed  
advisable by and is to be rendered under the general or special supervision of any physician and sur-  
geon licensed under the provisions of the medical practice act on the medical staff of a licensed hos-  
pital whether such diagnosis is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or  
hospital care rendered, that it is given to provide authority and power on the part of the aforesaid  
agents to give specific consent to any and all such diagnosis, treatment or hospital care which the  
aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of sec. 25.8 of the civil code of the State of  
California.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**List any major illnesses:** \_\_\_\_\_

\_\_\_\_\_

**Medicines allergic to:** \_\_\_\_\_

\_\_\_\_\_

**Other allergies:** \_\_\_\_\_

**Other information:** \_\_\_\_\_